To

The Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly
Parliament House
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Submission to the

Community Development and Justice Standing Committee INQUIRY INTO THE ADEQUACY OF SERVICES TO MEET THE DEVELOPMENTAL NEEDS OF WESTERN AUSTRALIA'S CHILDREN

Submitted by

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I am prepared to present my case to the committee	e in person.

1. Brief Summary of my submission

EWEYN and the Wheatbelt ACC are concerned regarding the lack of directive and focus on Early Years in the state of WA, and at a national level. There has been much publicity regarding the importance of the Early Years, but little in the area of policy and funding to enable strategies to be implemented on the ground. In the state of WA, since the responsibility of Early Years moved from Department of Premier and Cabinet to Department for Communities, no government funding has been made available to support communities working to address their Early Years needs. Previous one-off funding from various sources is usually granted with the understanding that the project become self sustaining, which is often unrealistic. Resulting in valuable networks, knowledge and programs becoming lost or discontinuing. There is a lack of accessible funding to support motivated communities, and a lack of resources, research and directive from higher levels of government. The Early Years Strategy needs to be implemented across the whole of government, supporting programs driven from the bottom up. It is important that the state **does not** adopt a one-size fits all model.

- 2. I would like to comment on the following Terms of Reference
 - a) whether existing government programs are adequately addressing the social and cognitive developmental needs of children, with particular reference to prenatal to 3 years;

My general view:

This is not occurring overall in program allocation. Primary Health is attempting to address these needs, but they have no directive nor is it part of government policy. Have prioritised this area, and therefore allocate staff in this area, but there is not enough financial and physical resources to address this on the ground. Early intervention needs can be identified by Allied Health / Child Health Nurses as they are most likely to have contact with families and children pre-natal to 3 years.

They offer no prenatal care, and have no allocation of resources for pre-natal care.

Increasing number of schools developing school based programs for 0-4 years age group. These programs do not receive funding from the Department, and are not formally recognised. Require funding into schools for these programs as they have great social and cognitive benefits for all, particularly regarding familiarisation with the school environment.

Lack culturally appropriate services, which reach those hard to reach families particularly Indigenous. Lack generally on the ground staff offering one-on-one services and follow-up, particularly social services.

My reasons/my experience:

Feedback from Eastern Wheatbelt Early Years Network Reference Group members from Health and Community services to assist in the completion of this submission.

Direct provision of support by EWEYN to schools indicates their growing movement to supporting the development of children 0-4 years, which has obvious benefits to the school and community long term.

My recommendations:

Early Years Strategies must employ interagency approach, across whole of government. This currently is not a directive of government.

Require a clear directive from all levels of government to prioritise the Early Years and increase the profile of the importance of children's early development.

Require resource allocation by government to support their directive, rather than expecting existing services and organisations to add this to their existing workload.

Schools require the capacity to access funding for the Early Years (0 - 4 years) programs they are running, and support and sharing of information to enable other schools to create their own locally tailored programs.

Communities must be given the flexibility to respond to their individual Early Years needs. Important that government does not dictate to communities, but rather allows them to respond

uniquely to their community's needs.							

b) how to appropriately identify developmentally vulnerable children;

My general view:

Professionals require proper skills and assessment tools and the training to use them. This has commenced through Child Health, particularly Child Health Nurses with new developmental tools.

General practitioners and Child Health and Allied Health are the best placed to identify vulnerable children, as they are most likely to have contact with this age group.

Require more funding into childcare services by way of training for employees/caregivers as to the importance of early years. Childcare services should be recognised for the high profile work they do with early years and the identification of developmental delays, vulnerability. Funding needs to be available to ensure the skills of people working in the industry are current and they have quality training.

Encourage New Mothers Groups / Parenting Groups / Breastfeeding Groups etc to bring in Allied Health staff to teach parents to recognise normal development.

My reasons/my experience:

Feedback from Eastern Wheatbelt Early Years Network (EWEYN) Reference Group members from Health and Community services to assist in the completion of this submission.

EWEYN Project Coordinator has direct contact with child care services regarding the challenges they face in the region.

EWEYN Project Coordinator has direct contact with providers of Early Years programs which indicate a difficulty to assess some professionals to visit their programs, generally due to their high work load.

My recommendations:

From a regional perspective, require more on the ground resources to enable this to occur comprehensively. There is also a shortage of professionals including but not limited to social workers, psychologists, physiotherapists. These services are just not available in some communities.

Practically this could occur utilising the existing General Practitioner, and Child Health and Allied Health networks, in consultation and partnership with other agencies.

c) which government agency or agencies should have coordinating and resourcing responsibility for the identification and delivery of assistance to 0–3 year old children;

My general view:

Currently this does not appear to sit appropriately with any existing government departments. It is important that Early Years Strategy's are implemented with an inter-agency approach.

Whilst Health is a fundamentally important component of the development of this age group, it is important that it is not a sickness model, and approaches from a positive perspective. Health staff do have the appropriate training e.g. Occupational Therapists, Physiotherapists, Speech Pathologists to work with this age group.

Education, whilst it does need to contribute to this age group, doesn't have direct access to these ages which is an obvious problem. There is growing involvement at a local level with schools and this age group.

Department for Communities has lost all identity since the departmental split, and doesn't appear to have direction or to be a functional agency at this stage. The department also needs to be adequately resourced to successfully take on this role.

My reasons/my experience:

Feedback from Eastern Wheatbelt Early Years Network (EWEYN) Reference Group members from Health and Community services to assist in the completion of this submission.

EWEYN Project Coordinator has direct contact with schools in the region and is aware of a number of schools operating 0 – 4 years programs.

EWEYN has been aligned with the State Government's Early Years Strategy throughout the transition from Department of Premier and Cabinet to Department for Communities.

My recommendations:

The State Government's Early Years Strategy has lost its identity and momentum since moving from Department of Premier and Cabinet to Department for Communities.

If the Department for Communities is to retain responsibility for the coordinating and resourcing for this age group, the agency needs adequate human and financial resources. Due to the importance of the development of this age group (impact is life-long), whichever department assumes responsibility, it must be designated core business of the department, not an additional function.

d) what is the best model to ensure interagency and intergovernmental integration of developmental programs delivered to 0–3 year old children;

My general view:

Best model is across whole of government, administered from the highest level. Needs to be recognised as a whole of government initiative, not categorised to one department.

Health, Justice, Education, Community etc are all impacted and have a level of responsibility to this age group. Local Government need to also assume some level of responsibility at a local level.

E.g. South Australia has created a Department of Education and Children's Services, indicating that the government recognises children are an area of priority, and also raises the profile in the community.

Establishing groups at both government and local levels to provide a forum for all agencies and stakeholders to network, information share and collaborate.

Local communities need to have the flexibility to develop programs and responses which are appropriate to their communities, not directed from hierarchy.

Resources need to be available for research e.g. the perceived increase in behavioural problems, is this the result of food, nutrition, anti-natal period, domestic violence, smoking, technology, other? May be a culmination of factors.

We don't know the impact of many environmental and social factors on our children.

SIDS has been well researched and there has been a dramatic drop in SIDS rates.

My recommendations:

Best model is at the highest level of government, across all departments with a signed MOU.

In the event that responsibility is assumed by one department, that department must have this designated as core business, not an additional function.

Departments/agencies delivering programs need to break down the barriers and work together with one goal, but 'one size won't fit all'. Need to have nominated (paid) people to coordinate the implementation programs spread over metropolitan and rural areas - 'on the ground'.

Comprehensive research

Local communities being empowered to address unique needs, not "one-size-fits-all" policy.

e) how to best prioritise the resources available for meeting the needs identified;

My general view:

Development of a Strategic Plan

Require on the ground delivery of programs and initiatives, with adequate skilled human and financial resources.

Collaboration between agencies and appropriate resource sharing.

Clear objectives and guidelines regarding what needs to be addressed. In relation to research, pointless conducting research if not an identified issue.

Priorities should be identified according to research and broad consultation – interagency, locally and communities and families.

Good level of interagency communication can enable referral to each other.

Have categories of 'highest need to minimal need', identified in consultation with all levels of government and communities, which are resourced appropriately with funding allocation. These programs cannot be lumped onto existing departmental staff in the expectation that they take on more roles.

My reasons/my experience:

Feedback from Eastern Wheatbelt Early Years Network (EWEYN) Reference Group members from Health and Community services to assist in the completion of this submission.

Have worked "on the ground" supporting a range of organisations and agencies and are aware of issues faced in regional areas.

EWEYN Reference Group members representing a wide range of agencies, attend EWEYN meetings where they have the opportunity to voice issues which they have become aware of or are impacted by.

My recommendations:

Development of a Strategic Plan

On the ground delivery of programs and initiatives, local ownership, and with adequate skilled human and financial resources.

Collaboration between agencies and appropriate resource sharing.

Clear objectives and guidelines regarding what needs to be addressed.

Good level of interagency communication enabling referral to each other and project partnerships

Consultation and partnerships with stakeholders including local families

f) what is the most appropriate measure of program outcomes; and

My general view:

On community level – community resilience. The ability of a community to adapt and be resilient against adversity.

Australian Early Development Index (AEDI) – a standardised model which can be implemented Australia wide and measures early development across the whole domain of developmental areas.

Percentage of children in the population attending kindergarten regularly

Percentage of children attending school on regular basis

Juvenile crime rates e.g. vandalism, graffiti, theft

My reasons/my experience:

EWEYN was heavily involved in the AEDI mapping of the Eastern & Central Wheatbelt in 2006.

Feedback from Eastern Wheatbelt Early Years Network (EWEYN) Reference Group members from Health and Community services to assist in the completion of this submission.

EWEYN contact with schools indicates children not enrolled in early education e.g. kindergarten and not attending school on a regular basis are at high risk.

EWEYN Reference Group members representing a wide range of agencies, attend EWEYN meetings where they have the opportunity to voice issues which they have become aware of or are impacted by.

My recommendations:

Full utilisation of AEDI data and support to communities to interpret and develop strategies to address issues identified.

Comprehensive record keeping of 4 year old population in relation to enrolments in kindergarten

3. Any other Comments

Importance of the family unit needs to be recognised in the community, increased in status.

Need to look at the societal fabric changes, and decline in social network groups e.g. Scouts, Brownies, and Sunday School, which previously reinforced and / or supplemented what parents taught at home. Nurturing groups have declined significantly in communities. These are important for children to enable access to another adult role model in a relatively non-competitive positive environment.

Important to support communities to respond to individual changing needs.

Need to be able to convince all community stakeholders of the importance of the Early Years and that it is everyone's responsibility "It takes a village to raise a child".

Provision of adequate and ongoing funding and resources is paramount.

The fabric of the community and how well people respect each others values is a determining factor.

Need to identify positive factors in communities and build on these, rather than only focusing on areas of disadvantage.

Important that a one-size-fits-all model is not adopted, particularly at a local level.

The most successful programs are generally driven from the bottom up. Need to give key drivers the capacity to address their own community's needs – local ownership builds community capacity and sustainability.

Require financial access to funds. Currently there is nothing at any level of state government to assist in funding projects, and there has only ever been a small financial allocation by state government.

Successful programs utilise a significant amount of their project time sourcing ongoing funding to ensure continuation. A streamlined funding process needs to be developed to ensure that programs of high benefit can focus on project delivery rather than financial survival. Many resources and knowledge bases are lost due to ceased funding, which reflects poorly on the service provider and government. Significantly, rapport developed with high risk / disadvantaged families are broken.